

Heart transplantation: a treatment approach for cardiomyopathy

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Heart transplantation is a treatment method reserved for patients in the final stage of heart failure for whom all other treatment options have been exhausted. The aim of the paper is to describe the cases of two patients who underwent a heart transplant with a satisfactory result, and to highlight the role of the nurse in preoperative and postoperative care. The patients were 11-year-old twins admitted with symptoms of heart failure. They were diagnosed with dilated cardiomyopathy, with an ejection fraction (EF) of less than 30%. An extensive clinical, laboratory, targeted genetic, imaging and microbiological examination for cardiotropic viruses were performed, but did not reveal the etiology of the disease. Both patients had severe dilated cardiomyopathy, primarily affecting the left ventricle, with markedly weakened systolic function. Cardiac MRI and invasive cardiology procedures, including left and right heart catheterization, were also conducted. Laboratory findings indicated an extremely high level of NT-proBNP, a marker of heart failure, and both twins presented with deep hypomagnesemia resistant to compensation methods. Until the transplant, patients were dependent on magnesium supplementation. Despite ongoing medical treatment, their general condition severely deteriorated, prompting referral to the heart transplant team within Eurotransplant five months after diagnosis. Heart transplantation was successfully performed in both patients within six weeks of each other, six months after the diagnosis of cardiomyopathy. Transplantation enables optimal medical, personal and social rehabilitation of the patient. The nurse's role includes educating the patient about the procedures involved in treatment, which encompasses laboratory and diagnostic methods for all organ systems, notifying the physician of any deviations, maintaining a protocol for tests administration and ensuring that the patient consents to the possibility of transplantation. Only patients with meticulously managed medical documentation can remain on the Eurotransplant list, as any deviations lead to automatic removal.¹⁻³

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LITERATURE

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